



## Complete Summary

### TITLE

Emergency medicine: percentage of patients (regardless of age) with an emergency department diagnosis of STEMI or new LBBB on 12-lead ECG who received primary PCI who had documentation that the emergency physician initiated communication with the cardiology intervention service within 10 minutes of the diagnostic 12-lead ECG.

### SOURCE(S)

American College of Emergency Physicians, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Emergency medicine physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2006 Oct. 14 p. [6 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients (regardless of age) with an emergency department diagnosis of ST-elevation myocardial infarction (STEMI) or new left bundle branch block (LBBB) on 12-lead electrocardiogram (ECG) who received primary percutaneous coronary intervention (PCI) who had documentation that the emergency physician initiated communication with the cardiology intervention service within 10 minutes of the diagnostic 12-lead ECG.

### RATIONALE

This measure addresses the time line that is under the control of the emergency physician. Less time is needed because the contact could be initiated prior to completing the consent process. Some time is needed to evaluate any contraindications and weigh the treatment options.\*

\*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

#### Primary percutaneous coronary intervention (PCI)

If immediately available, primary PCI should be performed in patients with ST-elevation myocardial infarction (STEMI) (including true posterior myocardial infarction [MI]) or MI with new or presumably new left bundle branch block (LBBB) who can undergo PCI of the infarct artery within 12 hours of symptom onset, if performed in a timely fashion (balloon inflation within 90 minutes of presentation) by persons skilled in the procedure (individuals who perform more than 75 PCI procedures a year). (American College of cardiology/American Heart Association [ACC/AHA])

#### Primary PCI

Preferred treatment if performed by an experienced team less than 90 minutes after first medical contact. (European Society of Cardiology [ESC])

### **PRIMARY CLINICAL COMPONENT**

ST-elevation myocardial infarction (STEMI); left bundle branch block (LBBB); primary percutaneous coronary intervention (PCI); care coordination; 12-lead electrocardiogram (ECG)

### **DENOMINATOR DESCRIPTION**

All patients (regardless of age) with an emergency department (ED) diagnosis of ST-elevation myocardial infarction (STEMI) or new left bundle branch block (LBBB) on 12-lead electrocardiogram (ECG) who receive primary percutaneous coronary intervention (PCI)

### **NUMERATOR DESCRIPTION**

Patients with documentation that the emergency physician *initiated* communication with the cardiology intervention service within 10 minutes of the diagnostic 12-lead electrocardiogram (ECG)

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

### **NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [Management of acute myocardial infarction in patients presenting with ST-segment elevation.](#)

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Unspecified

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Emergency Medical Services  
Hospitals

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

### TARGET POPULATION AGE

All patients regardless of age

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Unspecified

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

## **BURDEN OF ILLNESS**

Unspecified

## **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

## **Institute of Medicine National Healthcare Quality Report Categories**

## **IOM CARE NEED**

Getting Better

## **IOM DOMAIN**

Effectiveness

## **Data Collection for the Measure**

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

All patients (regardless of age) with an emergency department (ED) diagnosis of ST-elevation myocardial infarction (STEMI) or new left bundle branch block (LBBB) on 12-lead electrocardiogram (ECG) who receive primary percutaneous coronary intervention (PCI)

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

All patients (regardless of age) with an emergency department (ED) diagnosis of ST-elevation myocardial infarction (STEMI) or new left bundle branch block

(LBBB) on 12-lead electrocardiogram (ECG) who receive primary percutaneous coronary intervention (PCI)

**Exclusions**

None

**RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

**DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Encounter  
Therapeutic Intervention

**DENOMINATOR TIME WINDOW**

Time window is a single point in time

**NUMERATOR INCLUSIONS/EXCLUSIONS**

**Inclusions**

Patients with documentation that the emergency physician *initiated* communication with the cardiology intervention service within 10 minutes of the diagnostic 12-lead electrocardiogram (ECG)

**Exclusions**

None

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Encounter or point in time

**DATA SOURCE**

Administrative data  
Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information****ORIGINAL TITLE**

Measure #9: care coordination for PCI for AMI.

**MEASURE COLLECTION**

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

**MEASURE SET NAME**

[Emergency Medicine Physician Performance Measurement Set](#)

**SUBMITTER**

American Medical Association on behalf of the American College of Emergency Physicians, the Physician Consortium for Performance Improvement®, and the National Committee for Quality Assurance

## **DEVELOPER**

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National Committee for Quality Assurance  
Physician Consortium for Performance Improvement®

## **FUNDING SOURCE(S)**

Unspecified

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## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## **INCLUDED IN**

Ambulatory Care Quality Alliance

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2006 Oct

## **MEASURE STATUS**

This is the current release of the measure.

## **SOURCE(S)**

American College of Emergency Physicians, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Emergency medicine physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2006 Oct. 14 p. [6 references]

## **MEASURE AVAILABILITY**

The individual measure, "Measure #9: Care Coordination for PCI for AMI," is published in the "Emergency Medicine Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on January 2, 2008. The information was verified by the measure developer on February 18, 2008.

## **COPYRIGHT STATEMENT**

Measures including specifications

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